



# Individualized Family Support Plan (IFSP) Addendum

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

## Addendum to Individualized Services and Goods

Service/Good	Addition or Removal	Description/Justification of change	Available through any other funding source	Estimated Duration	Frequency/Duration	Increase or Decrease	Annual Cost
<b>TOTAL ANNUAL ADJUSTED BUDGET:</b>							

## SIGNATURES

I/We attest that we were informed of our right to participate in the development of this Individualized Family Support Plan Addendum, and were given the ability to make any changes to the services and goods identified based on my/our family priority of needs for services/goods. I/We understand that Family Support Services is a non-entitlement program and the Family Support Services Provider Agency cannot fund all the service and goods that I/We may request, and that funding levels can and might change from each funding year and are subject to funding limitations.

I/We agree with the Individual Family Support Plan Addendum and the disclaimers above:  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Support Coordinator Signature

\_\_\_\_\_  
Date